

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6310-62-024824
STATE FILE NUMBER

318 1003

Registration District No. Primary Registration District No. Registrar's No.

FILED JUL 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

1

3

4 /

5 /

6

7 /

8 /

9

10

11

12 64-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 55 days	c. CITY OR TOWN O'Fallon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 611 Hartman Lane
3. NAME OF DECEASED (Type or print) First Middle Last CHESTER KIRCHEN		4. DATE OF DEATH Month Day Year June 26, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/1/07
9. AGE (last birthday) 55		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Garment Factory	11. BIRTHPLACE (City and state or country) Pearson, Arkansas
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Charlie Austen Stark	
13b. MOTHER'S MAIDEN NAME Laura E. Bettus		14. NAME OF HUSBAND OR WIFE Leo Kirchen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ---	17. INFORMANT Leo Kirchen, 611 Hartman Lane, O'Fallon, Ill.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Possible gram negative</i> DUE TO (b) <i>Septicemic left sided empyema</i> DUE TO (c) <i>Multiple myeloma 203X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Uremia</i>		18. CAUSE OF DEATH (continued) <i>negative septicemia</i> INTERVAL BETWEEN ONSET AND DEATH <i>ca. 12 hrs.</i> <i>ca. 3 wks.</i> <i>ca. 4 mos.</i> <i>ca. 6 mos.</i>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>5/2/62</u> to <u>5/26/62</u> and last saw her alive on <u>5/26/62</u> Death occurred at <u>ca. 8 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Marion H. Kirsch, M.D.</i>		22b. ADDRESS <i>The Janice Hospital, St. Louis, Mo.</i>	
22c. DATE SIGNED <u>5/26/62</u>		23. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/29/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Val Halla</u>		23d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>	
24. FUNERAL DIRECTOR <u>P. W. Schildknecht, O'Fallon, Illinois</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 26 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>			

Handwritten notes and scribbles at the top of the page.

STATEMENT BY LICENSED EMBALMER

not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was/embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed P. W. Schildknecht

P. W. SCHILDKNECHT

Licensed Embalmer No. 8549 (Illinois)

P. O. Address 301 So. Lincoln Avenue,
O'Fallon, Illinois.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.